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on February 17, last. Nothing therein especially concerns me except the statement, which, as you are aware, refers to me, namely: "A Miss Fiske, who, though a college graduate, spoke against education as desirable for the nurse." The statement is absolutely false. What I said was this: "It is not amount of education so much as character, that makes people agreeable or desirable companions. *Great as are the advantages of education*, personality means much more in the nurse and should have first consideration. Some of the finest nurses in the profession have had only a grammar school education. Moreover, those who would ask the higher educational requirement, admit that it is impossible. There are not enough applicants who have had it."

No one knows better than I the great advantages that education brings, for I have enjoyed the best educational opportunities myself. I am not so blind, however, as not to know that without a proper personality to build on, education can accomplish comparatively little.

Massachusetts.

ANNETTE FISKE, A.M., R.N.

DEAR EDITOR: My attention has been called to the fact that in the March 1914 number of *The American Journal of Nursing*, on page 412, appears the statement that among those opposing the Nurses' bill was,—Mr. Stillman, Proprietor of a short course school in Albany. This is incorrect as I am not proprietor of any short-course school, although President of the Board of Directors of the National Training School for Certified Nurses. I have no financial interest in the school other than that which any other of the Directors possess. The school is not conducted for commercial gain but is in the nature of a philanthropy as no profits accrue to any one, and the twenty-four physicians who lecture at the school do so without any compensation whatever. No officer or Director of the School receives any compensation or revenue of any kind.

Kindly let me know if you will correct this statement in your *Journal* in as conspicuous a manner as the statement was made, in the interest of fair play?

Albany, N. Y.

W. O. STILLMAN (M.D.)

PROTECTION TO THE NURSE IN OUTDOOR CASES

I

DEAR EDITOR: In your February number was a letter asking others to write regarding nurses caring for pneumonia patients having fresh air treatment. I have been interested in this subject for some time, especially since the death of a young nurse, who in freezing weather was told to keep all windows open. After six days of such exposure the poor nurse came home with congestion of the lungs and four days later was dead. Why is it necessary to take one life for another? In another family having two nurses, who besides their own clothing wore men's overcoats, two members of the family had to be taken to the hospital suffering from exposure, while the nurses afterwards said that it was a month before they were warm again. The patients died. From my observation of the patients in the general wards, where the air was kept as fresh as possible, we had more recoveries than in our private rooms with freezing air. Having recently had an experience of my own with congestion of the left lung, I noticed that as soon as the temperature of the room became the least bit cold and before I felt any difference in other parts of

my body, my respiratory organs became irritated and a constant cough remained until the room became warm again. Nurses have made like remarks to me regarding their patients, as to the fact that patients have irritating coughs which subside when the windows are lowered.

I have often wondered just how long the physicians who order all windows open in very cold weather, would themselves remain in the room.

Connecticut.

J. T. R.

II

DEAR EDITOR: In the last edition of the JOURNAL, someone asked for advice as to personal care in nursing pneumonia by the fresh-air method. My advice is to try more clothing. Two light-weight suits of underwear give more warmth than one heavy suit. For those who cannot wear wool next the skin, one suit can be of cotton and the other of wool, long in sleeve and leg, and high in neck. Two pairs of stockings, thin cotton ones inside, with wool ones outside; a long flannel petticoat; a paper vest and flannel-lined arctics will all go a long way toward making the nurse comfortable on such cases. I know for I have tried it. I can hear protests of "looking like a bag with a string tied about the middle," but which is better, to be shapely, cold and sick, or unshapely, warm, and well? I have heard of nurses caring for open-air pneumonia cases wearing no heavier clothing than they did in July and August, aside from a sweater, and that, too, in a climate where the thermometer drops below zero occasionally. And then they wondered why they were ill.

Rhode Island.

J. G. H.

III

DEAR EDITOR: In reply to "Registrar," asking for a free discussion as to ways and means of maintaining a nurse's comfort and health in nursing open-air pneumonia cases, I would like to tell about a patient of mine. She insisted that there must be some other way to furnish her with oxygen than by opening wide the house, thereby freezing family and nurse, besides causing her great discomfort from the weight of clothes and the water-bottles necessary to keep her warm. So vigorously did she protest, that soon a tank of oxygen was secured, and I was directed to give her a light inhalation for fifteen minutes out of every hour. The wisdom of this move was apparent at once. The condition of the patient indicated that she was receiving a far better supply than before. The room being warmer, covers and hot water-bottles could be removed, while the patient could be turned without being chilled by cold air or my hands. A tank of oxygen lasts a long time, given in this way, and it has proved its worth to me in the early stages of the disease. I am sure, if the family felt that they could not afford it, I would much rather provide it myself, than to suffer such discomfort or endanger my health. Most doctors have but a vague idea of the demands on a nurse's strength and time in a well-cared-for pneumonia case. Surely nurses cannot risk their best asset, good health, and each one, in some way, without making herself too obnoxious, should insist on proper protection for herself while serving others. One thing is certain, we shall all do our best for the doctor, who at all times looks after the comfort and welfare of his "right hand man."

New York.

E. A. M.